

INSTRUCTIONS FOR COMPLETING PERMANENT PATIENT DENTAL RECORD

FORM DH1224, A, B, C – 5/05

The permanent Patient Dental Record, DH-1224, is intended to provide a standardized and uniform charting system for all dental clinics. Its proper use will assist in correct patient identification and information in providing quality dental care and protection in legal matters should the occasion arise. All title information, name, birthdate, and sex should be completed on each page as the system is keyed on this information.

The dental record consists of six parts: Patient Information, Medical History, Consent, Existing Oral Conditions, Treatment Plan/Referral and Services/Treatment Provided. The first sheet contains patient information that may be completed at the clinic or at home by the patient, parent or guardian.

PART I - Patient Information (DH-1224-A)

All questions under the General Information section should be completed.

PART II – Medical History (DH-1224-A)

All medical history questions should be checked either yes or no. Yes answers should be reviewed and comments noted on the front page under Part II in the remarks section. If any condition indicates a Medical Alert, it must be noted under Part IV in the space provided.

Medical history must be reviewed annually or as indicated by the medical condition of the patient. The Medical History Update must be dated and signed by the dentist reviewing the health history. Any change should be recorded in Part III – Health History and in Part VI – Services/Treatment Provided. If any condition, upon review, indicates a Medical alert, it must be noted under Part IV.

PART III – Consent (DH-1224-A)

Consent from the patient, parent or guardian must be obtained before any treatment is provided.

If consent, other than the signature of the parent or guardian, is obtained it should be recorded under “Remarks or additional information” to include the name of person, from whom permission was received. All supporting documents must be filed with the record.

Part IV – Existing Oral Conditions (DH 1224-B)

Medical Alert

Should be checked if indicated from the Medical History

Blood Pressure

Should be recorded for all patients 18 years of age and older. Subsequent blood pressure should be taken as indicated, but at least annually, and recorded under Part VI, Services/Treatment Provided.

Type Of Patient

Emergency should be checked if patient is to be seen for only one or two appointments for the relief of pain or some similar condition. If the patient is emergency only, no charting of existing oral conditions need be completed except as it applies to the condition to be treated. If patient subsequently becomes a comprehensive patient of the clinic, then charting of existing oral conditions should be completed and appropriate box under Type of Patient checked.

Comprehensive should be checked if patient is to be a regular patient of the clinic subject to all services provided.

Recall should be checked if patient is to be scheduled for active follow-up.

Patient Attitude

Self-explanatory

Chief Complaint

Reason (complaint) as indicated by the patient for coming to the clinic.

Remarks

For noting data not covered in other areas.

Charting Existing Conditions

Entries in this section are intended to show the dental Status of the patient on the date of the initial examination. Radiographic findings must be recorded. Caries and defective restorations must be noted in red. Entries are not to be altered at a later date to indicate any changes in dental conditions.

The outer boxes are to be used to indicate present restorations or conditions. The inner boxes are to be used to indicate pathosis or defective restorations.

Radiographs

Radiographs, when taken, must be of diagnostic quality, mounted, dated and filed with the DH 1224.

Missing Teeth

Draw an “X” through buccal root or roots of the tooth whether the tooth has been replaced or not by a removable or fixed prostheses. When x-rays reveal a tooth to be impacted after having previously been marked missing, write “Uner” at root apex.

Edentulous Arch

Inscribe two crossing lines each running from the uppermost aspect of one third molar to the lowermost aspect of the third molar on the opposite side.

Complete Denture

Draw a horizontal line through all crown and through appropriate row of boxes. Indicate condition of denture as either satisfactory or unsatisfactory under marks.

Partial Denture, Removable

Draw a horizontal line through crowns of replaced teeth and mark “PR” in appropriate box or boxes of teeth replaced. Indicate description and condition of partial under remark.

Restorations

- a. Amalgam, porcelain, composite, inlay, and temporary

Fill in solid, with “Blue/Black” ink, the tooth surface(s) involved. Indicate type(s) of filling(s) in box by letter or combination of letters as indicated by restoration(s) in the tooth:

“Am”	amalgam
“G”	gold
“Comp”	composite, etc.
“Temp”	Temporary

If restoration is defective, outline in “Red” and indicate “def” in appropriate box.

- b. Crowns (¾, full cast, porcelain jacket, acrylic jacket, porcelain and gold, acrylic and gold, stainless steel)

Fill in solid, in black ink, the tooth surfaces involved and mark in the appropriate box the letters for the crown type:

Cr	full cast crown
Cr $\frac{3}{4}$	$\frac{3}{4}$ cast crown
Cr Porc	porcelain crown
Cr Acryl	acrylic crown
CrAV	full cast acrylic veneer
CrPV	full cast porcelain veneer
SSC	stainless steel

This would apply to bridge abutments as well.

c. Pontics

Draw a horizontal line from abutment to abutment through crowns of teeth replaced by fixed bridge and record a "Pont" in the appropriate box.

Root Canal

Draw a vertical line in roots filled. If overfilled, extend line through apex. Indicate in box "RC".

Caries

Outline carious surfaces in red and indicate "Car" in the appropriate box.

Unerupted or Impacted Teeth

Indicate "Uner" in appropriate box.

Abscess/Cyst/Granuloma

Circle the apex or apicies of the tooth or teeth involved. If no tooth is involved, indicate approximate location on chart with a circle.

Fractured Root or Tooth

Place a zigzag line through surfaces involved in crown and area of fracture in root.

Retained Root

Outline retained root and indicate "RR" in appropriate box.

Periodontal Pockets

Draw vertical lines to approximate depth and location of pockets noted or inscribe a horizontal continuous line across the roots involved to indicate bone height. (Horizontal lines on the chart represent 3mm spaces.)

Tooth Mobility

May be marked in the appropriate box by m-1, m-2, m-3. A tooth with movement slightly greater than normal would be considered m-1, a tooth with vertical and lateral movement in the socket would be m-3, and anything in between would be considered m-2.

Other Conditions

Disease or abnormality of the teeth or supporting tissues that cannot be charted by symbol, but of significant value for identification, treatment, planning, or accuracy and completeness of the record should be recorded in "REMARKS".

Normal/Abnormal Tissue

Upon examination of the soft and hard tissue, check appropriate column as "Normal" or "Abnormal". If abnormal condition exists, note the abnormality under "Remarks".

Calculus

Indicate amount of calculus deposits by making an "X" in the descriptive box.

Oral Hygiene

Indicate the present state of the patient's oral hygiene by making an "X" in the appropriate box.

Part V – Treatment Plan/Referral (DH 1224-B)

This section is intended to provide a systematic method of treatment planning. Subsequent treatment plans can be entered in Part VI.

Preventive

Check appropriate box for each preventive service to be provided.

Periodontic

Indicate type of service to be provided such as deep scaling, curettage, etc.

Surgery

Check and indicate surgical procedure and tooth number.

**Endodontic
service under**

Check and indicate tooth number and type of service.

Prosthodontic

Indicate type of appliance or service to be provided.

Orthodontic

Indicate type of service such as space maintainers, under Operative Section.

Operative

Indicate tooth number and type of service.

Patient Referred

Any service which cannot be completed or provided at the dental clinic should be indicated.

Patient/Parent/Notified

The patient, parent or guardian must be Guardian informed of services that cannot be provided at the

clinic. Indicate date and to whom and by who (dentist, dental assistant, school nurse, etc.) parent or guardian was notified of services that could not be provided at the clinic.

Part VI – Service Provided (DH 1224-B)

This section of the patient dental record is for recording, both graphically and in narrative, all services provided. It should include every service performed as well as any pertinent remarks necessary to adequately describe the treatment or service provided or recommended. Services, where possible, should be indicated graphically in the tooth chart section using the appropriate abbreviations. If treatment provided has no indicated symbol or abbreviation, or if confusion may exist as to meaning, the services provided should be written in full. If an error is made draw a line through it, note error date and initial. “WHEN IN DOUBT WRITE IT OUT”.

This section is also to be used for recording subsequent diagnostic findings, treatment planning and services provided after the initial treatment series has been completed.

Any pre-medication or local anesthetic used must be recorded. For anesthetics, the type, amount and concentration used must be recorded, e.g., 1.8cc Lido 2% w/epi 1/100K.

Prescriptions, as well as any drugs dispensed, must be recorded. Indicate name of drug, amount and recommended dosage prescribed.

Indicate whether appointment was cancelled or broken by patient or clinic and note reason.

The signature of the dentist or dental hygienist performing the service must be recorded.

Service/Treatment Provided (DH 1224-C)

When space in Part VI, Service/Treatment Provided, on DH 1224 B is filled, services and treatment provided will be entered on a DH 1224 C. Services must still be indicated graphically where possible in the tooth chart section on Form 1224 B.

ABBREVIATIONS FOR USE WITH DENTAL SERVICE RECORD

The following abbreviations are offered for recording examination and/or treatment information. If any doubt exists, however, because of abbreviations used, the condition, or services should be written in full.

BASIC DIAGNOSTIC NOMENCLATURE

DESIGNATION

Abrasion.....	Abr
Abscess	Abs
Abutment.....	Abut
Acid Etch Composite	A E Comp
Acrylic.....	Acryl
Adjust (ed) (ment).....	Adj
Alveolar.....	Alv
Alveolectomy	Alvy
Amalgam.....	Am
Anesthesia	Anes
Apicoectomy.....	Apico
Base.....	Designate
Type	
Biopsy	Biop
Bitewing – x-rays.....	BWX
Bony Impaction.....	Bn Imp
Bridge (denotes fixed unless otherwise noted)	Br
Broken Appointment.....	BA
Cancelled Appointment	CA
Caries	Car
Calculus.....	Cal
Cement	Cem
Composite	Comp
Chief Complaint.....	CC
Crown.....	Cr
Crown $\frac{3}{4}$	Cr $\frac{3}{4}$
Crown, Full Cast, Acrylic Veneer.....	CrAV
Crown, Full Cast, Porcelain Veneer	CrPV
Curettage.....	Cur
Deciduous	Dec
Defective	Def
Denture (Indicate type: FUD, FLD, ImUD, ImLD, PUD, PLD)	D
Drain	Drm
Dressing	Drs
Duplicate.....	Dup
Emergency Examination.....	Emerg.
Exam	

Equilibrate (action)	Equil
Eugenol	Eug
Examination	Exam
Exposure	Exp
Extraction (ed) (uncomplicated unless otherwise noted).....	Ext
Extra oral X-ray	EX
Facing.....	Fac
Filling(s).....	Flg
Fluoride	Fl
Fracture(s).....	Frac
Full Mouth X-rays.....	FMX
General.....	Gen
Gingival(itis) (state type in parenthesis)	Ging
Gold.....	G
Gutta Percha.....	GP
Immediate	Im
Impacted(ion).....	Imp
Impression.....	Impr
Incised	Inc
Inlay	Inl
Inserted(ion).....	Ins
Local	Loc
Malocclusin.....	Malocc
Mandibular.....	Man
Maxillary.....	Max
Occlusal X-rays.....	OX
Occlusion	Occ
Oral Hygiene Instruction.....	OHI
Panorex	Panx
Partial	PR
Parietal	Par
Patient Education	PEd
Periapical.....	Pa
Peri coronitis	Percor
Periodontitis	Pedonti
Periodontoclasia.....	Pedon
Prescription	RX
Pontic	Pont
Porcelain	Porc
Post Operative Instruction.....	POI
Post Operative Treatment	POT
Prepared (action).....	Prep
Prevention	Prev
Prophylaxis	Pro
Pulp	P
Pulp capping – Direct (d) Indirect (I), Specify Material.....	PC

Pulpitis	Pitis
Rebase	Reb
Recement(ed)	Recem
Reconstruct(ed)	Rct
Remove(d).....	Rem
Reline	Rel
Repaired	Rpd
Replaced.....	R
Retained Root.....	RR
Root Canal	RC
Scale(d)	Scal
Sealant.....	Seal
Sedative (action)	Seal
Sedative (action)	Sed
Sequestrum.....	Seq
Silicate.....	Sil
Silver Nitrate	AgNo ₃
Silver Point.....	AgPt
Space Maintainer	Sp Mt
Stainless Steel Crown	SSC
Stomatitis	Stom
Supernumerary	Supnry
Surgical	Surg
Suture(s)(d)	Su
Temporary	Temp
Toothbrush	Tb
Topical	Top
Treatment(ed).....	Tr
Unerupted.....	Uner
Cavity varnish	Var
Veneer	V
Vincent's	Vin
Zinc chloride	ZnCl
Zinc oxide and Eugenol	ZnOE

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